

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

IN RE: ALLERGAN BIOCELL  
TEXTURED BREAST IMPLANT  
PRODUCTS LIABILITY LITIGATION

Plaintiff[s]:

Case No.:

MDL NO. 2921

Honorable Brian R. Martinotti  
District Court Judge

Honorable Joseph A. Dickson  
Magistrate Judge

MASTER SHORT-FORM  
COMPLAINT FOR PERSONAL  
INJURIES, DAMAGES AND  
DEMAND FOR JURY TRIAL

1. Plaintiff(s) \_\_\_\_\_, hereby state and incorporate by reference all of the allegations contained in Plaintiffs' Master Long Form Complaint For Personal Injuries, Damages and Demand For Jury Trial ("Master Complaint") as permitted by Case Management Order No. \_\_\_\_ for cases filed directly into this district.
2. In addition to the below-indicated portions of the Master Complaint adopted by the plaintiff(s) and incorporated by reference herein, Plaintiff(s) hereby allege(s) as follows:

**IDENTIFICATION OF PLAINTIFFS AND RELATED INTERESTED PARTIES**

3. Name and current residence of individual who is alleged to have suffered personal injuries and related damages due to implantation of one or more Biocell Textured Breast Implant medical devices ("Biocell"):
4. Consortium Claim(s): Name and current residence of individual(s) alleging damages for loss of consortium:

5. If a survival and/or wrongful death claim is asserted:

Name and residence of Decedent when she suffered Biocell-related injuries and/or death:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and current residence of the individual(s) bringing the claims on behalf of the decedent's estate, and status (i.e., personal representative, administrator, next of kin, successor in interest, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VENUE**

6. Plaintiff[s] allege that venue for remand and trial is proper in the following federal judicial district:

\_\_\_\_\_ District of \_\_\_\_\_

**DEVICE IDENTIFICATION**

7. [Plaintiff/Decedent] used the following Biocell device[s], which Plaintiff contends caused her injury(ies). Check all that apply and provide all dates of implant and explant:

<input type="checkbox"/> <b>NATRELLE Silicone-filled Breast Implants</b> <input type="checkbox"/> <b>Style 110</b> <input type="checkbox"/> <b>Style 115</b> <input type="checkbox"/> <b>Style 120</b>  <b>Date[s] of Implant:</b>  <b>Date[s] of Explant (if any):</b>	<input type="checkbox"/> <b>NATRELLE Saline-Filled Breast Implants</b> <input type="checkbox"/> <b>Style 163</b> <input type="checkbox"/> <b>Style 168</b> <input type="checkbox"/> <b>Style 363</b> <input type="checkbox"/> <b>Style 468</b>  <b>Date[s] of Implant:</b>  <b>Date[s] of Explant (if any):</b>
<input type="checkbox"/> <b>NATRELLE 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants</b> <input type="checkbox"/> <b>Style LL</b>	<input type="checkbox"/> <b>NATRELLE INSPIRA Silicone-Filled Breast Implants</b> <input type="checkbox"/> <b>Style TRL</b> <input type="checkbox"/> <b>Style TRLP</b> <input type="checkbox"/> <b>Style TRM</b>

<ul style="list-style-type: none"> <li><input type="checkbox"/> Style LM</li> <li><input type="checkbox"/> Style LF</li> <li><input type="checkbox"/> Style LX</li> <li><input type="checkbox"/> Style ML</li> <li><input type="checkbox"/> Style MM</li> <li><input type="checkbox"/> Style MF</li> <li><input type="checkbox"/> Style MX</li> <li><input type="checkbox"/> Style FL</li> <li><input type="checkbox"/> Style FM</li> <li><input type="checkbox"/> Style FF</li> <li><input type="checkbox"/> Style FX</li> </ul> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Style TRF</li> <li><input type="checkbox"/> Style TRX</li> <li><input type="checkbox"/> Style TSL</li> <li><input type="checkbox"/> Style TSLP</li> <li><input type="checkbox"/> Style TSM</li> <li><input type="checkbox"/> Style TSF</li> <li><input type="checkbox"/> Style TSX</li> <li><input type="checkbox"/> Style TCL</li> <li><input type="checkbox"/> Style TCLP</li> <li><input type="checkbox"/> Style TCM</li> <li><input type="checkbox"/> Style TCF</li> <li><input type="checkbox"/> Style TCX</li> </ul> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>
<p><input type="checkbox"/> <b>McGhan BioDIMENSIONAL® Silicone-Filled BIOCELL® Textured Breast Implants, Style 153</b></p> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>	<p><input type="checkbox"/> <b>NATRELLE Dual-Gel Breast Implants</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Style LX</li> <li><input type="checkbox"/> Style MX</li> <li><input type="checkbox"/> Style FX.</li> </ul> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>
<p><input type="checkbox"/> <b>NATRELLE Komuro Breast Implants</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Style KML</li> <li><input type="checkbox"/> Style KMM</li> <li><input type="checkbox"/> Style KLL</li> <li><input type="checkbox"/> Style RLM</li> </ul> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>	<p><input type="checkbox"/> <b>NATRELLE Ritz Princess Breast Implants</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Style RML</li> <li><input type="checkbox"/> Style RMM</li> <li><input type="checkbox"/> Style RFL</li> <li><input type="checkbox"/> Style RFM</li> </ul> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>
<p><input type="checkbox"/> <b>NATRELLE 150 Full Height and Short Height double lumen implants.</b></p> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>	<p><input type="checkbox"/> <b>NATRELLE 133 Plus Tissue Expander</b></p> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>
<p><input type="checkbox"/> <b>NATRELLE 133 Tissue Expander with Suture Tabs</b></p>	<p><input type="checkbox"/> <b>OTHER (Please describe):</b></p>

<b>Date[s] of Implant:</b>	<b>Date[s] of Implant:</b>
<b>Date[s] of Explant (if any):</b>	<b>Date[s] of Explant (if any):</b>

**PLAINTIFF'S BIOCELL-RELATED INJURIES**

8. Plaintiff[s] allege that one or more Biocell devices caused personal injuries and damages including but not limited to the following:

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9. Approximate date of Biocell-device related injury:

10. Has Plaintiff or Plaintiff's decedent ever been diagnosed with BIA-ALCL:
- Yes
  - No
- a. If Yes, date of diagnosis: \_\_\_\_\_

**CAUSES OF ACTION**

11. The following claims asserted in the *Master Complaint* are herein adopted by Plaintiff(s):

- Count I: Strict Liability – Manufacturing Defect
- Count II: Negligent Manufacturing
- Count III: General Negligence
- Count IV: Strict Liability Failure to Warn
- Count V: Negligent Failure to Warn
- Count VI: Negligent Misrepresentation
- Count VII: Breach of Implied Warranty of Merchantability
- Count VIII: Breach of Express Warranty
- Count IX: Strict Liability Design Defect
- Count X: Negligent Design
- Count XI: Survivorship and Wrongful Death
- Count XII: Loss of Consortium
- Count XIII: Punitive Damages

Other Claims and factual basis therefore:

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**OTHER DEFENDANTS**

12. Plaintiff(s) further bring claims against the following additional Defendants not named in the *Master Complaint*:

a. Additional Defendant(s):

Additional Defendant 1: \_\_\_\_\_

Additional Defendant 2: \_\_\_\_\_

Additional Defendant 3: \_\_\_\_\_

Additional Defendant 4: \_\_\_\_\_

b. Address(es) of Additional Defendants:

Address of Defendant 1: \_\_\_\_\_

Address of Defendant 2: \_\_\_\_\_

Address of Defendant 3: \_\_\_\_\_

Address of Defendant 4: \_\_\_\_\_

c. Short and Plain Statement of Factual Allegations against Additional Defendants:

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d. Claims asserted against Additional Defendants:

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**WHEREFORE**, Plaintiff(s) pray(s) for relief and demand(s) a trial by jury as set forth in the Plaintiffs' Master Personal Injury Long Form Complaint in MDL 2921 in the United States District Court for the District of New Jersey.

Date:

Attorney Name:

Attorney Firm

Attorney Address:

Telephone:

Fax:

Email:

*Counsel for Plaintiffs*